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RSL SmartChoice® Group Benefits Proposal

Prepared for:

Marion Public Schools

SIC: 8211 Zip Code: 49665

Presented By: Bost Benefits

"A+" rated*, providing flexible, affordable benefits solutions for over a century.

Valid for 90 days *AM Best (affirmed 8/2014)

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

About this Proposal

With over $140 billion of insurance in force, Reliance Standard Life Insurance Company (RSL) has provided a full spectrum of innovative, high quality insurance products for more than 100 years.

Reliance Standard Life Insurance Company provides group coverage to employers as components of basic employee benefits programs.

Coverage options include:

- Group Life & AD&D
- Group Short Term Disability
- Group Long Term Disability
- Group Dental and Eye Care

Reliance Standard Life Insurance Company was incorporated in 1907 as Central Life Insurance of Illinois. It is domiciled in Illinois, and maintains its administrative offices in Philadelphia. Reliance Standard is licensed in all states except New York, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

As a premier insurance carrier, Reliance Standard Life Insurance Company consistently earns strong financial ratings:

- A.M. Best "A+" (Superior), upgraded August 2014
- Standard & Poor's "A+" (Strong), upgraded September 2014

Reliance Standard Life Insurance Company is a member of the Tokio Marine Group, which operates in the property and casualty insurance, reinsurance and life insurance sectors globally. The Group's main operating subsidiary, Tokio Marine & Nichido Fire (TMNF), was founded in 1879 and is the oldest and leading property and casualty insurer in Japan.

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will control. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates and plan provisions will be based on:

- The actual composition of the group of persons who will become insured
- Policy holder contributions
- Confirmation of occupations
- Applicable state laws

For further details of any of the coverages, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, contact your MGA or sales office. This proposal is only valid if presented by a licensed insurance agent or broker who is appointed with RSL. It is valid until the date shown, unless we replace or withdraw it.

Reliance Standard SmartChoice® Proposal

Name	Dental	Vision	Group Life	Long Term Disability	Short Term Disability	TOTAL
Shelly L	178.47					$178.47
Shelly Beebe	104.83					$104.83
Michell N	52.62					$52.62
TOTAL:	**$335.92**					

Monthly Premium:	$335.92
Monthly Billing Fee:	$12.00
Total Monthly Premium:	$347.92

Valid from 04/19/2017 to 07/18/2017

Name	Gender	Age	Salary	Dental	Group Life	Long Term Disability	Short Term Disability
Shelly L				FAM			
Shelly Beebe				EMP+			
Michell N				EMP			

Valid from 04/19/2017 to 07/18/2017

SmartChoice Dental Insurance Policy Provision Highlights

	Plan B Standard Options	Preferred Options
Group Size	2* to 19 Employees	3 Employees
Preventive Coverage	100% - Deductible waived	✓
Basic Coverage	80/90/100% - Subject to Deductible. Basic Service Step-Up Function	✓
Major Coverage	50% - Subject to Deductible with 12-month elimination period	✓
Orthodontic	50% with a $1000 lifetime benefit Group of 2-9: 24 month elimination Groups of 10+: 12 month elimination Note: Elimination period waived on take-over plan on 10+ life groups	✓
Annual Maximum Benefit	$1500 with option to increase to $2000	$1500
Annual Deductible	$50 (3 per Family Max)	✓
Endodontic Coverage	Major with option to move to Basic	Basic
Periodontal Coverage	Major with option to move to Basic	Basic
Takeover Benefit Option**	Available	No
Managed Dental Care Option (MAC)	Available	No
Out of Network Allowance (Non-MAC)	80% with option to increase to 90%	90%
Eye Care Option	Available	No
Max Rewards	Included	✓
Rate Guarantee	12 months with an option for 24 months	24 Months

Employers can pay all, part or none of the premium.
Carve outs are permitted for 2 or more eligible employees within a class.

* Two person groups can only be written if sold with two other lines of business.

**If group is eligible for takeover benefits, Reliance Standard waives the 12-month limitation for Major procedures for all current insureds, and provides a credit to current insureds for calendar year deductibles accumulated under their prior plan.

Employee Eligibility
Eligible employees are those actively working full time for a minimum of 30 hours per week year round (non-seasonal) who have satisfied the employer's minimum service requirement.

Dependent Eligibility
Eligible dependents include an insured employee's spouse and unmarried children prior to their 19th birthday who do not work for the firm. In addition, unmarried children from the 19th birthday to the day before their 24th birthday are eligible if they are full-time students attending an accredited education institution and primarily dependent upon the employee for support and

*Note: Dependent ages may vary by state.

Participation Requirements:
The following participation requirements must be met:

Number of Eligible Employees	Minimum Number of Employees Covered
2 eligible employees	Both must be insured
3 - 5 eligible employees	All but one must be insured
6 - 9 eligible employees	All but two must be insured
10 - 19 eligible employees	75% must be insured

Those employees and dependents who are covered for group dental coverage elsewhere may be counted toward satisfying the participation requirements if a signed waiver form is submitted.

If a husband and wife are both employed by the same employer unit and the couple also has dependent children to be insured, either the husband or wife may elect to be insured as a dependent rather than as an employee, unless employer pays 100% of premium.

Firms that fall below 2 insured employees will have 90 days to bring the number of insureds up to the required minimum. If less than the required numbers of employees are insured after 90 days, the firm's coverage will be terminated.

Contribution Levels
Provided all participation requirements are met, employee may contribute up to 100% of premium. If employers pay 100% of the premium, all eligible employees must be insured.

Group Policy Effective Date
SmartChoice Dental Effective Date is the first of the month following receipt of all application submission materials subject to RSL underwriting approval. RSL approval should be secured before terminating existing coverage.

Procedure Summary
Preventive procedures include periodic oral exams and cleanings, space maintainers, bitewing x-rays, fluoride application (under age 19) and sealants (under age 14).

Basic procedures include simple extractions, crown recementation, fillings and denture repairs.

Major procedures are subject to a one-year elimination period and include periodontics (gum disease), endodontics (root canals), gingival reconstructions, oral surgery, crowns, dentures, bridges, and repair of crowns and bridges.

Preventive Incentive
Plan B Provides insureds with an incentive to receive preventive care. Preventive care, including regular checkups, decreases the chance that insureds will need major dental work in the future. Decreasing the frequency of major procedures saves you and your insureds money.

With Plan B, insureds enroll at 80% coinsurance for Basic procedures. By visiting the dentist and having any covered procedure done during their first benefit year of coverage, insureds qualify for 90% coinsurance the next benefit year. Continuing to visit the dentist annually and receiving any covered procedure qualifies them for 100% coinsurance in subsequent years. Insureds who do not receive a covered procedure in a benefit year, or have a break in coverage of one month or longer, revert to 80%. By again meeting the requirement, insureds can work their way back up to 100%. Coinsurance percentages are based on the UCR (Usual, Customary and Reasonable) charges for the geographic area where the services are performed.

Pre-estimate of Benefits

By using pre-treatment estimate of benefits, dentists can tell insureds how much of their charges will be paid by insurance before the work is done. This way insureds can work out the necessary financial arrangements or postpone some work to a later date if it isn't of an immediate nature. If an insureds' dentist thinks charges for the proposed work will be $200 or more, together they can complete a claim form for pre-treatment estimate of benefits. The dentist shows work to be done and what the charges will be. The claim form is then sent to RSL. A dental claims professional estimates the benefits and sends a report to the dentist. The dentist then reviews the proposed charges with the insured and makes any necessary adjustments in procedures, timing or financial arrangements.

Coordination of Benefits

Insureds should not make a profit from being insured under more than one group insurance policy. To prevent this from happening, most group insurance policies include a coordination of benefits provision. The coordination of benefits provision under this plan allows for coordinating benefits with other group payments. When all benefits are added together no more than 100% of the covered expenses are paid.

Managed Care Option

Employers can save money over standard rates with the MAC (Maximum Allowable Charge) option. With MAC, benefits are paid according to the MAC allowance for each procedure, which is the discounted fee per procedure offered through PPO General Providers known as in-panel providers. Non-PPO (out-of-panel) dentists - who may charge more - also are limited to the MAC for their respective areas. MACs are determined by the area in which the dental services are performed. An annual review of MAC allowances, adjusting limits as necessary, allows the benefits to "float" upward as dentists raise their fees. Without this feature, insureds' out-of-pocket expenses would continually increase.

MAC can save insureds money by lowering their out-of-pocket expenses if they visit a PPO dentist. The MAC fee is the maximum amount that a PPO General Provider dentist will charge and the maximum amount that Reliance Standard will reimburse. Expenses generally will be less if an insured chooses a PPO General Provider for his or her dental needs. If an insured chooses a PPO Specialist, he or she will still receive the maximum benefits allowed under the dental plan, but may experience higher out-of-pocket expenses.

Remember, no matter what dentist insured employees and their covered dependents choose, they receive coverage under this plan. However, there are distinct financial advantages to selecting a PPO dentist.

The sample comparison chart below will give you an idea of how insureds can save money by using MAC. It compares the cost of visiting a PPO General Provider versus a non-PPO dentist. Figures are based on a Santa Ana, California ZIP Code and may not reflect fees charged in other areas.

Example:

Major Procedure: Crown (porcelain with semiprecious metal)

PPO vs. Non-PPO: $50 deductible - 50% coinsurance

Note how the same MAC allowance applies to non-PPO

PPO	MAC
PPO dentist charge	$550
MAC allowance	$550
Annual deductible	$50
MAC less deductible	$500
Coinsurance	50%
Insurance pays	$250
Insured pays	$300

Non-PPO	80th UCR*
Dentist charge	$790
MAC allowance	$550
Annual deductible	$50
MAC less deductible	$500
Coinsurance	50%
Insurance pays	$250
Insured pays	$540

Savings to insured visiting a PPO general provider: $240

*80th UCR (Usual, Customary and Reasonable) indicates that 8 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

Increased Dental Maximum Benefit

	Plans A & C	Plan B
Carry Over Amount Per Insured Person - Each Benefit Period	$250	$250
PPO Bonus - Each Benefit Period	$100	$100
Benefit Threshold Per Insured Person - Each Benefit Period	$500	$750
Maximum Carry Over Amount	$1,000	$1,000

After the first Benefit Period following the coverage effective date, the Maximum Amount for Dental Expenses Per Insured Person as shown in the Schedule of Benefits may be increased by the Carry Over Amount if:

a) The insured Person has submitted a claim for dental expenses incurred during the preceding Benefit period; and

b) The benefits paid for dental expenses incurred in the preceding Benefit Period did not exceed the Benefit Threshold.

After the first Benefit Period following the coverage effective date, the Carry Over Amount will be increased by the PPO Bonus if:

a) The insured person has submitted a claim for dental expenses incurred during the preceding benefit period; and

b) At lease one of the claims submitted by the insured person for dental expenses incurred during the preceding benefit period were expenses resulting from services rendered by a Participating Provider and

c) The benefits paid for dental expenses incurred in the preceding Benefit Period did not exceed the Benefit Threshold.

In each succeed Benefit Period in which the total dental expense benefits paid do not exceed the Benefit Threshold, the Insured Person will be eligible for the Carry Over Amount and the PPO Bonus.

The Carry Over Amount and PPO Bonus can be accumulated from one Benefit Period to the next up to the Maximum Carry Over amount unless:

a) During any Benefit Period, dental expense benefits are paid in excess of the Threshold. In this instance, there will be no additional Carry Over Amount or PPO Bonus for that Benefit Period; or

b) During any Benefit Period, no claims for dental expenses incurred during the preceding Benefit Period are submitted. In this instance, there will be no Carry Over Amount or PPO Bonus for that Benefit Period, and any accumulated Carry Over Amount, including any PPO Bonuses from previous Benefit Periods will be forfeited.

Eligibility for the Carry Over Amount and the PPO Bonus will be established or reestablished at the time the first claim in a Benefit Period is received for dental expense incurred during that Benefit Period.

Dental Limitations
These expenses are not covered and no benefits are payable for:

1. Major procedures during the first 12 months that a person is insured by this plan.
2. Any procedure during the first 12 months that a late entrant is insured except for exams, cleanings, and fluoride application.
3. Any treatment for cosmetic purposes. Facings on crowns or pontics beyond the second bicuspid are considered cosmetic.
4. Replacement of any prosthetic appliance, crown, fixed bridge, inlay or onlay restoration within 8 years of its last placement, unless replacement is required because of an accidental bodily injury sustained while insured by this plan.
5. Initial placement of any prosthetic appliance or fixed bridge unless placement is needed because of the extraction of one or more teeth while the Insured is covered under this section. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.
6. Any procedure started before a person became insured or after the person's coverage terminates.
7. Any prosthetic appliances installed or delivered more than 90 days after the person's coverage terminates.
8. Replacement of lost or stolen appliances.
9. Appliances, restorations, or procedures to alter the vertical dimensions, restore or maintain occlusion, splint, or replacement of tooth structure lost as a result of abrasion, or attrition.
10. Any procedure not shown in the list of dental procedures in the insured's certificate.
11. Education, training, or supplies for dietary or nutritional counseling, personal oral hygiene, or dental plaque control.
12. Completion of claim forms.
13. Orthodontic treatment.
14. Sealants not applied to a permanent molar, applied after reaching age 14 and/or reapplied to a molar within 3 years from the sealant application.
15. Any injury that results from employment for wages or profit.
16. Any sickness covered by Worker's Compensation or similar legislation.
17. Charges the person is not legally required to pay or that would not have been made if insurance coverage had not existed.
18. Services not recommended by a physician or not required for necessary care and treatment.
19. Because of any act of war declared or not.
20. Services not recommended by a physician or not required for necessary care and treatment.
21. An Insured if payment is not legal where the insured is living when expenses are incurred.

Orthodontia Limitations
These Expenses are not covered and no benefits are payable:

1. For a Program which was begun before the Insured became covered under this section.
2. Before the Insured has been insured under this section for at least 24 consecutive months.
3. In any quarter of a Program if the Insured was not covered under this section for the entire quarter.
4. After the Insured's insurance under this section terminates.
5. Because of an injury arising out of, or in the course of, any work for wage or profit.
6. By an Insured because of a sickness for which he or she is eligible for benefits under any Worker's Compensation Act or similar laws.
7. For charges, which the Insured is not legally required to pay or which would not have been made, had no insurance been in force.
8. For services which are not recommended by a physician or which are not required for necessary care and treatment.
9. Because of war or any act of war, declared or not.
10. By an Insured if payment is not legal where the Insured is living when the expenses are incurred.
11. In the first 24 months that a person is insured if the person is a Late Entrant.

Eye Care Option

Basic Eye Care is an easy-to-administer schedule/defined benefit plan with no panel doctors. Choose any eye care provider! Insureds simply pay the eye doctor for all services, then submit a claim to Reliance Standard for reimbursement. Benefits are reimbursed according to the schedule shown below.

Eye Exam	$35	Trifocal Lenses	$65
Frame	$40	Progressive Lenses	$70
Single Vision Lenses	$35	Lenticular Lenses	$70
Bifocal Lenses	$50	Contact Lenses*	$75 (frame and single vision lenses)

*** Frame/Lenses (glasses) and contacts are not both covered in the same 12 month period.*

Takeover Option (Benefits and Conditions)

Takeover means that you and your insureds are given "credit" for calendar year deductibles accumulated under your existing plan. In addition, Reliance Standard waives the 12-month limitation for Major procedures for all current insureds. Limited prior extraction coverage is provided. No other SmartChoice provisions will be effected.

There is a 24-month elimination period on Plan B Orthodontic coverage for groups of 2-9 lives that cannot be waived. For groups of 10+ lives, there is a 12-month elimination period for Orthodontic coverage for all current insureds that can be waived on a takeover case.

To receive takeover benefits, your current group dental plan must meet the following conditions:

1. Your current dental plan must have been in effect continuously for at least 12 months prior to the effective date.
2. The effective date of our plan must immediately follow the termination date with your prior group carrier without any gaps or breaks in coverage.
3. All insureds on the effective date are eligible for takeover provisions - new hires to your group after the policy effective date must fulfill the usual limitations and deductibles.
4. You must submit all of the following as evidence of your prior coverage:
    a. Copy of your previous insurance carrier's most recent invoice,
    b. Certificate or letter of acceptance from your previous insurance carrier that shows the effective date of your policy.
    c. Date of termination of your dental plan with the prior carrier.

(Providing this proof rests on the firm or group requesting the takeover. Reliance Standard reserves the right to refuse takeover benefits regardless of submission. No insurance is in force until written acceptance is received from Reliance Standard.)

*Takeover groups are subject to an additional 10% load to the rates.

Vision Limitations

These expenses are not covered and no benefits are payable for:

1. Eye exams more than once in any 12-month period.
2. Lenses more than once in any 12-month period, and then only if replacement is deemed necessary by the doctor.
3. Frames more than once in any 12-month period, and then only if replacement is deemed necessary by the doctor.
4. Replacement of contact lenses more than once in any 12-month period, and then only with RSL's prior approval.
5. Contact lenses (except for the first $105 of expense) when such lenses are purchased for any reason other than for the following medical conditions: (a) following cataract surgery, (b) to correct extreme visual acuity problems that spectacle lenses cannot correct, (c) certain conditions of anisometropia, (d) keratoconus. Such payment is limited to once in every 12-month period and is made in lieu of all other benefits of this policy.
6. Services begun after the benefit authorization has expired.
7. Orthoptics or vision training and any associated testing.
8. Plano lenses.
9. Two pairs of glasses in place of bifocals.
10. Lenses and frames that are lost or broken, except at the normal intervals when services are otherwise available.
11. Medical or surgical treatment of the eyes.
12. Services for which a claim is filed more than 180 days after the completion of the service, unless it was not reasonably possible to give proof within such time.
13. Eye wear over and above the covered expense for basic eye wear. These materials are cosmetic and the expense shall be paid by the insured: blended lenses, oversize lenses, photochromatic lenses, progressive multifocal lenses, coating of the lens or lenses, laminating of the lens or lenses, frames exceeding the cost agreed to by the panel doctor/ provider and RSL.
14. Services of an out-of-network provider that are not shown in the list of eye care services.

*If a more expensive frame is selected than that provided by the covered expenses, the extra cost will be settled through agreement between the doctor and the insured.

SmartChoice Dental Rate Tiers

Plan Type	Rate
Employee Only	52.62
Employee + 1 Dependent	104.83
Employee & Family	178.47

335.92

Please pay
Reliance Standard

Michelle Nowland · Kitchen helper - Single
Shelly Beebe - Cook - 2 person
Shelly Laughlin - secretary - Full family

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